

RECOMMENDATIONS

System of Care for Children and Transition-Age Youth With or At Risk of Behavioral Health Needs



That the commonwealth support legislative efforts to identify and eliminate disproportionality and disparities, including but not limited to race, ethnicity, and disability, among all agencies and to prioritize equitable service delivery to children and transition-age youth and their families.



Health Indicators

Disparities for racial and ethnic minorities continue to persist in numerous health indicators, including "life expectancy, infant mortality, a variety of risk factors, health insurance coverage, access to care, and use of health care services." *¹



Overrepresentation

There is an overrepresentation of racial and ethnic minorities in the child welfare system and in the juvenile justice system. *² *³



School Discipline

Minority youth disproportionately experience harsher school discipline, particularly those who receive special education services. This in turn exacerbates the overrepresentation of minority youth in the juvenile justice system. *⁴



That the commonwealth require all public school districts to participate in the statewide administration, at least biennially, of a student-completed population-based surveillance survey designed to anonymously gauge middle and high school student mental health and suicidality, use of substances, interpersonal conflict, perceptions of school safety, and risk and protective factors.



Data-Driven Planning

Having access to youth surveillance data from all school districts in the state will assist school, community, and state-level planners in making data-based decisions to promote the social and emotional health and well-being of our youth. *⁵



Population-Based Data

Having data from all school districts lends credence to the representativeness and value of the results to provide a population-level snapshot of youth social and emotional health and well-being. *⁶



Available Resource

Kentucky has, at its disposal, access to a youth behavioral health surveillance survey that is free for use by all school districts in the Commonwealth. Survey data are available extending back to 2000, allowing for an examination of trends over time. These data, however, do not represent all school districts in the state. *⁷

Per KRS 200.505, the State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth is required to make recommendations annually to the Governor and the Legislative Research Commission regarding the system of care for children and transition-age youth with or at risk of behavioral health needs.

That the commonwealth change Kentucky Revised Statutes to take into account the developmental ages and stages of children and youth and enact developmentally-responsive laws.



Developmental Differences

Research shows several developmental shifts that distinguish childhood from adolescence, particularly with respect to cognitive abilities. *⁸



Impact on Younger Children

Given that younger children are inherently more vulnerable, they should not be subject to the potential harms of the juvenile justice system. *⁹



Social instead of Legal Services

A comprehensive approach which includes screening and referral to community supports should be used to address behavior concerns in children 10 and younger. *⁸



Understanding Young People

The choices of juveniles are influenced by developmental factors and therefore most young offenders are less culpable than are adults. *¹⁰



Opportunity for Reform

Youth are more likely to be rehabilitated and therefore, should be given an opportunity to demonstrate reform, which aligns with the goals of juvenile court.



That the commonwealth reduce the unnecessary relinquishment of parental custody to the custody of the Department for Community Based Services (DCBS) by:

(a) Supporting regulatory language requiring supplemental pay to foster care providers to support them in caring for infants born to youth in DCBS custody.



Youth and Child Custody

Historically, infants born to youth in DCBS custody were taken into DCBS custody themselves in order for the caregiver to receive financial support aimed at meeting the infants' needs, regardless of whether or not the infant was experiencing abuse or neglect by their parent.



Understanding Criteria

Infants do not meet the criteria for experiencing abuse or neglect simply by virtue of being born to a youth in custody.



Custodial Rights

Youth in DCBS custody have the same right to custody of their infants as those not in custody.



Infant Safety

Keeping infants safe with their parent promotes healthy attachment and social and emotional wellness for infant and parent and reduces the number of children unnecessarily entering DCBS custody.

That the commonwealth reduce the unnecessary relinquishment of parental custody to the custody of the Department for Community Based Services (DCBS) by:



(b) Creating an interagency workgroup to (1) review the frequency of and reasons for the practice of unnecessary custody relinquishment in order to access behavioral health and related services and supports, (2) identify strategies to prevent the practice of unnecessary custody relinquishment, and (3) make policy recommendations to support youth to remain in the custody of their parents while receiving necessary behavioral health and related services and supports.



Trading Custody for Care

Custody relinquishment in order to access behavioral health services refers to situations in which parents transfer legal and physical custody of their child to the state in order to access necessary services that the child could not obtain otherwise. This tragic practice is often referred to as “trading custody for care”. *¹¹



Impact of Trauma

Unnecessary custody relinquishment is devastating to families and traumatic to children and youth.



Utilize Identified Strategies

Strategies to reduce unnecessary custody relinquishment have been identified.



Examine Scope of Problem

Kentucky has not conducted a systematic examination of the scope of the problem or identified potential solutions.



SYSTEM OF CARE CORE VALUES

- ✓ Youth- and Family-driven
- ✓ Community-based
- ✓ Culturally- and Linguistically-responsive
- ✓ Trauma-informed

FOOTNOTES

1. National Center for Health Statistics. “NCHS Data: Answering the Nation’s Health Questions.” Centers for Disease Control and Prevention. May 2019. Available at https://www.cdc.gov/nchs/data/factsheets/Fact_Sheet_Answering_Nations_Health_Questions.pdf. Accessed Sept. 16, 2020.
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3. Office of Juvenile Justice and Delinquency Prevention. “Disproportionate Minority Contact Program Summary.” 2019. Available at <https://ojjdp.ojp.gov/programs/disproportionate-minority-contact-summary>. Accessed Sept. 16, 2020.
4. American Civil Liberties Union. “Juvenile Justice Current Issues: School-to-Prison Pipeline.” Available at <https://www.aclu.org/issues/juvenilejustice/school-prison-pipeline>. Accessed Sept. 16, 2020.
5. Jason, L. A., Curie, C. J., Townsend, S. M., Pokorny, S. B., Katz, R. B., & Sherk, J. L. (2002). Health promotion interventions. *Child & Family Behavior Therapy*, 24(1-2), 67-82.
6. Kentucky Incentives for Prevention Survey: Technical overview. Available at <https://www.kipsurvey.com/technical-overview>. Accessed November 10, 2020.
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9. Laurence Steinberg et al., (2009) *Age Differences in Future Orientation and Delay Discounting*, 80 *Child Dev.* 28.
10. Laurence Steinberg, *Age of Opportunity: Lessons From the New Science of Adolescence*, New York: Houghton Mifflin Harcourt (2014).
11. Stroul, B. (2019). *Issue Brief - Relinquishing Custody for Behavioral Health Services: Progress and challenges*. Baltimore, MD: Technical Assistance Network for Children’s Behavioral Health Services University of Maryland School of Social Work.